ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	. ID NO.	DATE
FEE DETERMINATION			1
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	X 1)		3-30-01

INDEX OF CLAIMS

~	Rejected	N Non-elected	
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If more than 150 claims or 10 actions staple additional sheet here

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